

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 509885

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24		1				
25		2				
26		1				
27		1				
28	1					
29		1				
30		1				
31	1					
32		1				
33		2				
34		1				
35		1				
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42	1					
43		1				
44	1					
45		1				
46		2				
47		2				
48		1				
49		1				
50		1				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	64					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53						
54						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓		↓		↓
TOTAL DEP.	2	←		←		←
TOTAL CLAIMS	2					